

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/	/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
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42		/					92						
43		/					93						
44		/					94						
45	/	/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	5						TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	55					
TOTAL CLAIMS							TOTAL CLAIMS	60					